U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 **LABOR ORGANIZATION OFFICER AND** EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as armended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only				
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1. File Number U - 3

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 04 Through: 12 / 31 / 04			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name TODD MILLER	Name LOCAL 74			
вытей области подавления области области области. В этотные. Очести от ответительного от	Labor Organization File Number			
	Tomas component provides f			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 1501 E. AURORA AVENUE	Street 1501 E. AURORA AVENUE			
City DES MOINES	City DES MOINES			
State ZIP Code + 4 50313	State         IA         ZIP Code + 4         50313			
5. Position in labor organization.  E BOARD				
Enter appropriate data below If, during the past fiscal year, you or your spot (except as specified in the exclu-	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of				
monetary value from an employer whose employees your organization	on represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street				
City				
State Transfer of the formation of the f				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
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Signed Signed	On Date Telephone Number			
Form LM-30 (2003)	Date respirate number			

Name of Person Filing	File Number U-	37459		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name	feerend			
Trade Name, if any:	a. Labor Organization			
P.O. Box, Bldg., Room No., if any	b. Trust  c. Employer			
Street	C. Employer	1		
City				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name    The state of the state		***************************************		
Trade Name, if any:		or according to the contract of the contract o		
P.O. Box, Bldg., Room No., if any		A POLICE AND THE PROPERTY OF T		
	11.b. Approximate dollar value of such dealing.	-0		
	12.a. Nature of interest held or income received.			
State ZIP Code + 4				
	12.b. Amount.	-0-		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name		And a		
Trade Name, if any:	* The state of the	wijanijanijanijani		
P.O. Box, Bldg., Room No., if any	Permitting State Property	Pur Volyscape (Annu)		
Street		PACTOR PROTECTION AND ADMINISTRATION ADMINISTRATION ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION ADMINISTRATION AND ADM		
City	in principles.	ESFORM NAMEDIALIZATI		
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	-0-		